

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DMC		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
" ..... Allowed      I ..... Interference  
(Through numeral) Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim		Date	
Final	Original		
1	2	5/14/02	1/12/01
2	2	✓	✓
3	3	✓	✓
4	4	✓	✓
5	5	✓	✓
6	6	✓	✓
7	7	✓	✓
8	8	✓	✓
9	9	✓	✓
10	10	✓	✓
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44	44	✓	✓
45	45	✓	✓
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47	47	✓	✓
48	48	✓	✓
49	49	✓	✓
50	50	✓	✓

Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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If more than 150 claims or 10 actions  
staple additional sheet here

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